

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street)

601 Pennsylvania Avenue, NW

South Building, Suite 500

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106740

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Charles W. Stellar

Signature of Treasurer

Charles W. Stellar

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
11 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y  
11 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2011</span>		<span style="border: 1px solid black; padding: 2px;">100661.07</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">52346.92</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">5609.23</span>	<span style="border: 1px solid black; padding: 2px;">187250.39</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">57956.15</span>	<span style="border: 1px solid black; padding: 2px;">287911.46</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">19063.48</span>	<span style="border: 1px solid black; padding: 2px;">249018.79</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">38892.67</span>	<span style="border: 1px solid black; padding: 2px;">38892.67</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5451.57	120465.88
(ii) Unitemized .....	157.66	9284.51
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5609.23	129750.39
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	57500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5609.23	187250.39
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5609.23	187250.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5609.23	187250.39

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	63.48	1268.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	63.48	1268.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	243000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	2250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19063.48	249018.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19063.48	249018.79

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5609.23	187250.39
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5609.23	187250.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	63.48	1268.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	63.48	1268.79

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 38

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Robert Price Atkinson**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Press Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.75

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-1**

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

## **B. Robert Price Atkinson**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Press Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.75

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-1**

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

## **C. Carmella Bocchino**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-2**

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.83

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Carmella Bocchino**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-2**

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

## **B. Dianne Bricker**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-3**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **C. Dianne Bricker**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-3**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

291.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Yvonne Chanatry**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.74

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-6**

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

## **B. Yvonne Chanatry**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.74

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-6**

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

## **C. Rebecca Cole**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Public Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

614.56

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-8**

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

239.59



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Rebecca Cole**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Public Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

614.56

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-8**

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

## **B. Kirstin Dawson**

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Research Associate, Clinical Po

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-10**

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

## **C. Kirstin Dawson**

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Research Associate, Clinical Po

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-10**

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

52.09

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Gregory Dean**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

11 / 15 / 2011

Transaction ID : 2011111113828-11

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

## **B. Gregory Dean**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

11 / 30 / 2011

Transaction ID : 20111205135547-11

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

## **C. Cynthia Depew**

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Manager of Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

11 / 15 / 2011

Transaction ID : 2011111113828-12

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.83

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Cynthia Depew**

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Manager of Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-12**

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

## **B. Randolph Desonia**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director, Medicaid Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-13**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **C. Randolph Desonia**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director, Medicaid Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-13**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

40.83

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Katie Dunning**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 15 / 2011

**Transaction ID : 201111113828-14**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **B. Katie Dunning**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-14**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **C. Daniel Durham**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

EVP, Policy and Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3124.95

Date of Receipt

11 / 15 / 2011

**Transaction ID : 201111113828-15**

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

291.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Daniel Durham**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

EVP, Policy and Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3124.95

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-15**

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

## **B. Paul Eiting**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.50

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-16**

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

## **C. Paul Eiting**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.50

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-16**

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.83

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Candy Gallaher**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance Plans

Occupation  
Vice President, State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.05

Date of Receipt

11 / 15 / 2011

Transaction ID : 2011111113828-17

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **B. Candy Gallaher**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance Plans

Occupation  
Vice President, State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.05

Date of Receipt

11 / 30 / 2011

Transaction ID : 20111205135547-17

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **C. Leanne Gassaway**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.76

Date of Receipt

11 / 15 / 2011

Transaction ID : 2011111113828-18

Amount of Each Receipt this Period

27.08

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.42

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 38

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Leanne Gassaway**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.76

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-18**

Amount of Each Receipt this Period

27.08

Full Name (Last, First, Middle Initial)

## **B. Jake Glover**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director of Health and Wellness Initia

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-19**

Amount of Each Receipt this Period

15.21

Full Name (Last, First, Middle Initial)

## **C. Jake Glover**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director of Health and Wellness Initia

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-19**

Amount of Each Receipt this Period

15.21

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

**A. Wendy Henson**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-20**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Wendy Henson**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-20**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Joni Hong**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.50

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-21**

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional)..... ►

51.25

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

**A. Joni Hong**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.50

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-21**

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

**B. Burt Hudson**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Client Learning Servi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.05

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-22**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Burt Hudson**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Client Learning Servi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.05

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-22**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

114.59

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 38

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Delisa James**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Professional Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-23**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Barbara Lardy**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-24**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **C. Barbara Lardy**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-23**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

103.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A. Jeff Lemieux**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Svp, Center for Health Policy &amp; Resear

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2011

Transaction ID : 2011111113828-25

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Jeff Lemieux**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Svp, Center for Health Policy &amp; Resear

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2011

Transaction ID : 20111205135547-24

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Beth Leonard**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.74

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2011

Transaction ID : 2011111113828-26

Amount of Each Receipt this Period

104.17

SUBTOTAL of Receipts This Page (optional)..... ►

354.17

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

**A. Beth Leonard**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.74

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-25**

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

**B. Holly Macmoran**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-27**

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Holly Macmoran**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-26**

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.83

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A. Amber Manko**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Administrative Assistant, Federal Affa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2011

Transaction ID : 201111113828-28

Amount of Each Receipt this Period

15.21

Full Name (Last, First, Middle Initial)

**B. Amber Manko**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Administrative Assistant, Federal Affa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2011

Transaction ID : 20111205135547-27

Amount of Each Receipt this Period

15.21

Full Name (Last, First, Middle Initial)

**C. Debi Manning**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2011

Transaction ID : 201111113828-29

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.42

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Debi Manning**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-28**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Anthony Meoni**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-31**

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

## **C. Anthony Meoni**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-30**

Amount of Each Receipt this Period

10.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

41.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 38

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Thomas Meyers**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-32**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Thomas Meyers**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-31**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Joseph Miller**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.74

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-34**

Amount of Each Receipt this Period

104.17

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

144.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

**A. Joseph Miller**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.74

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-33**

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

**B. Julie Miller**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-35**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Julie Miller**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-34**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

187.51



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 38

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Lisa Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2011

Transaction ID : 201111113828-36

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

B. Lisa Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2011

Transaction ID : 20111205135547-35

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

C. Martin Mitchell Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2011

Transaction ID : 201111113828-37

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

41.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

**A. Martin Mitchell Jr.**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-36**

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Teresa Mulligan**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.76

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-7**

Amount of Each Receipt this Period

14.58

Full Name (Last, First, Middle Initial)

**C. Teresa Mulligan**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.76

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-7**

Amount of Each Receipt this Period

14.58

**SUBTOTAL** of Receipts This Page (optional)..... ►

49.99

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Betsy Pelovitz**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance Plans

Occupation  
Vice President Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.74

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-38**

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

## **B. Betsy Pelovitz**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance Plans

Occupation  
Vice President Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.74

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-37**

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

## **C. Susan Pisano**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2870.34

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-39**

Amount of Each Receipt this Period

130.47

**SUBTOTAL** of Receipts This Page (optional)..... ►

338.81

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 38

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

**A. Susan Pisano**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2870.34

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-38**

Amount of Each Receipt this Period

130.47

Full Name (Last, First, Middle Initial)

**B. Lawrence Platt**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.26

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-40**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Lawrence Platt**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.26

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-39**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

297.13

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 38

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Mark Pratt**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance Plans

Occupation  
SVP, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.05

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-41**

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

## **B. Mark Pratt**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance Plans

Occupation  
SVP, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.05

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-40**

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

## **C. Ingrid Reeves**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance Plans

Occupation  
Vice President, Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-43**

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

354.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Ingrid Reeves**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance Plans

Occupation  
Vice President, Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-42**

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

## **B. Lisa Shreve**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance Plans

Occupation  
Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-44**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **C. Lisa Shreve**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance Plans

Occupation  
Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-43**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

104.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 38

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Charles Stellar**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.74

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-45**

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

## **B. Charles Stellar**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.74

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-44**

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

## **C. Miriam Sullivan**

Mailing Address 241 Cedar Ave

City Arlington State MA Zip Code 02476-7335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tufts Health Plan

Occupation

AVP, Allied Health & Pharmacy Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

**Transaction ID : C74DB0CA62D7265B78C**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

458.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

**A. Aaron Tucker**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Legislative & Regulatory Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-46**

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

**B. Aaron Tucker**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Legislative & Regulatory Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-45**

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

**C. Michael Tuffin**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-47**

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

229.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 33 OF 38  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A. Michael Tuffin**
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : 20111205135547-46

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Mark Van Koevering**
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : 2011111113828-49

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Mark Van Koevering**
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : 20111205135547-48

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

374.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

## **A. Daniel Vigil**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.25

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-50**

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

## **B. Robert Zirkelbach**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Press Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.74

Date of Receipt

11 / 15 / 2011

**Transaction ID : 2011111113828-51**

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

## **C. Robert Zirkelbach**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Press Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.74

Date of Receipt

11 / 30 / 2011

**Transaction ID : 20111205135547-49**

Amount of Each Receipt this Period

104.17

**SUBTOTAL** of Receipts This Page (optional)..... ►

239.59

**TOTAL** This Period (last page this line number only)..... ►

5451.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 38

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

**A. Citibank**Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Merchant Service Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2011

Transaction ID : B163FA07A444A69D582

Amount of Each Disbursement this Period

31.74

Full Name (Last, First, Middle Initial)

**B. Citibank**Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Merchant Service Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2011

Transaction ID : B4628089A436A578E05

Amount of Each Disbursement this Period

31.74

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

63.48

63.48

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

**A. A New Direction Pac**

Mailing Address PO Box 4234

City Concord	State NH	Zip Code 03302
-----------------	-------------	-------------------

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**A New Direction Pac**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2011

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2011

**Transaction ID : D26E1F3AA475F30936D**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Alamo Pac**

Mailing Address 919 Congress Ave Suite 1400

City Austin	State TX	Zip Code 78701
----------------	-------------	-------------------

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**Alamo Pac**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2011

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2011

**Transaction ID : 24056124D83EAD1AC51**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Bilirakis for Congress**

Mailing Address PO Box 606

City Tarpon Springs	State FL	Zip Code 34688
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Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Gus Michael Bilirakis**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 09 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2011

**Transaction ID : 236CA63B007B27C325B**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

**A. Bill Nelson for U S Senate**

Mailing Address 972 W Whitmire Drive

City Melbourne	State FL	Zip Code 32935
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Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Clarence William Nelson**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2011

**Transaction ID : C552CC1BEAC7735264F**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Mark Warner**

Mailing Address 201 North Union Street Suite 300

City Alexandria	State VA	Zip Code 22314
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Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Mark Robert Warner**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2011

**Transaction ID : 5A4D60199CC8C3AE031**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Mark Warner**

Mailing Address 201 North Union Street Suite 300

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement  
2014 General

011

Candidate Name

**Mark Robert Warner**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2011

**Transaction ID : A00F9BD2509B0AC2ACB**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Americas Health Insurance Plans PAC (AHIP PAC)**

Full Name (Last, First, Middle Initial)

**A. Matheson for Congress**

Mailing Address PO Box 521048

City	State	Zip Code
Salt Lake City	UT	84152

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**James David Matheson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2011

**Transaction ID : DC2B662F0A77B481C96**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Mike McIntyre for Congress**

Mailing Address PO Box 1

City	State	Zip Code
Lumberton	NC	28359

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Mike McIntyre**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2011

**Transaction ID : 48C11602D38E1982C5E**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Trey Gowdy for Congress**

Mailing Address PO Box 3324

City	State	Zip Code
Spartanburg	SC	29304

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Harold Watson Gowdy III**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2011

**Transaction ID : C1739083D0A8A17A59C**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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19000.00
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